

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
B 000	<p>INITIAL COMMENTS</p> <p>Note: The CMS-2567 (Statement of deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation (s) will be referred to the Dallas Regional Office (RO) for referral to the office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>An on-site unannounced full survey was conducted from 10/15/2018 through 10/19/2018 to determine the hospital's compliance with the Medicare Conditions of Participation set forth at 42 CFR Part 482. An entrance conference was held in a conference room with the administrative staff members. The purpose and process of the survey was explained and an opportunity was given for questions and discussion.</p> <p>An exit conference was held on 10/19/2018 with administrative staff members. The preliminary findings of the survey were explained. An opportunity was provided for the facility to provide evidence of compliance with those requirements for which non-compliance had been found during the survey.</p>	B 000			
B 105	<p>DEVELOPMENT OF ASSESSMENT/DIAGNOSTIC DATA</p> <p>CFR(s): 482.61(a)(1)</p>	B 105			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
B 105	<p>Continued From page 1</p> <p>The identification data must include the patient's legal status.</p> <p>This STANDARD is not met as evidenced by: Based on review of record and interview, the facility failed to ensure State statutes for change of legal status were followed and documented.</p> <p>Findings included:</p> <p>Patient #21 had been admitted to the facility on 10-14-2018. During a review of Patient #21's chart on 10-16-2018, it was noted that the patient was brought to the facility under Apprehension by a Peace Officer Without Warrant (APOWW).</p> <p>Review of Texas Health and Safety Code was as follows:</p> <p>"HEALTH AND SAFETY CODE TITLE 7. MENTAL HEALTH AND INTELLECTUAL DISABILITY SUBTITLE C. TEXAS MENTAL HEALTH CODE CHAPTER 573. EMERGENCY DETENTION Sec. 573.021. PRELIMINARY EXAMINATION. (b) A person accepted for a preliminary examination may be detained in custody for not longer than 48 hours after the time the person is presented to the facility unless a written order for protective custody is obtained."</p> <p>Review of Patient #21's consents showed that his mother has signed a voluntary consent to treat on 10-14-2018 at 5:30 PM. The physician orders for admission (signed after the mother's consent) listed the legal status as involuntary.</p>	B 105			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
B 105	<p>Continued From page 2</p> <p>Review of Texas Administrative Code, Title 25 Health Services, Part 1 Department of State Health Services, Chapter 133 Hospital Licensing, 411.465(2)(A)-(B) Care &amp; Treatment: Involuntary to Voluntary was as follows:</p> <p>"A hospital may provide inpatient mental health treatment to an involuntary patient after the patient is eligible for discharge as described in §411.485 of this title (relating to Discharge of an Involuntary Patient), if prior to the provision of such treatment:</p> <p>(2) the patient's treating physician:</p> <p>(A) examines the patient; and</p> <p>(B) based on that examination, issues an order for voluntary inpatient mental health treatment that meets the requirements of §411.461(g) of this title (relating to Voluntary Admission)."</p> <p>No physician order for voluntary inpatient mental health treatment was found in Patient #21's chart.</p> <p>Interview was conducted with Staff #20. When asked about the physician order for involuntary legal status, the expiring APOWW, and no order to apply for court commitment, Staff #20 stated it was acceptable for the parent to sign the patient in as voluntary. Staff #20 stated they never get an order to change the patient's legal status. Staff #20 stated she was not aware of the State requirement to have a physician's order to change the patient's legal status and they never obtained an order for any of the patients who were converting from involuntary legal status to voluntary legal status.</p>	B 105			
B 125	TREATMENT PLAN	B 125			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
B 125	<p>Continued From page 3</p> <p>CFR(s): 482.61(c)(2)</p> <p>The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included.</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the facility failed to:</p> <p>A.) document active therapeutic efforts and treatment for patients as Patient #33 received emergency medication without documentation of prior de-escalation interventions by staff.</p> <p>Findings were:</p> <p>Review of the medical record on the morning of 10/18/18 revealed, Patient #33 was a 12-year-old boy, admitted to the facility on 09/21/2018 with an admitting diagnosis of Disruptive Mood Dysregulation Disorder (Adolescent). The patient was a current inpatient on Unit 5 at the time of the survey.</p> <p>A video observed in the office of the Director of Risk Management, Quality Assurance Performance Improvement, Staff #4, on the afternoon of 10/18/18 revealed the absence of any staff redirection of patients on Unit 7 teen boy's unit. The video revealed a couple of boys intermittently scuffling with each other while they were seated together in the open area of the unit watching cartoons. While watching the video, none of the facility staff walked over to where the boys sat to redirect or separate them.</p>	B 125			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>	
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
B 125	<p>Continued From page 4</p> <p>Review of a "Daily nursing Assessment" dated 9/27/18 that read in part, "1720 Patient alert, oriented X3, very hyperactive, easily irritated. Acting out, running up and down the unit. Refused to follow unit instruction. Send to his room for time out continuous re-directing but still pt didn't want to follow instruction." At 1820 - Dr. _____ ordered emergency medications, Haldol 5mg/IM (in muscle), Ativan 1 mg/IM, and Benadryl 25mg/IM for agitation - and administered to the patient." The nurse narrative also stated, "1900 - Patient in his bed sleep and no distress observed. Will continue to monitor q15 mins for safety." The review revealed there was no restraint and seclusion package initiated. There were no documented vital signs for 09/27/18 after the administration of the emergency medication injection.</p> <p>Review of the "Medication Administration Record" dated 09/27/2018 read in part, "Haldol 5mg/IM, Benadryl 25mg/IM, Ativan 1 mg/IM] X1 for agitation" was given at "1825."</p> <p>Review of the "Patient Observation Rounds" dated 9/27/18 documented that from 1715 - 1815, Patient #33 was in the dayroom interacting with peers; 1830, he was in dayroom watching TV; 1845, he was in the dayroom lying down; 1900-1945, he was in the dayroom and appears sleeping; 2000-2345, Patient #33 was in his room and appears sleeping.</p> <p>An interview was conducted with the Director of</p>			B 125			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
B 125	<p>Continued From page 5</p> <p>Risk Management, Quality Assurance Performance Improvement (QAPI), Staff #4, on the afternoon of 10/18/18 at approximately 4:30 pm after the surveyors watched the video of activity on Unit 7 on 09/27/18. When Staff #4 was asked if he saw any behaviors that posed a danger to self or others shown by Patient #33 that warranted the administration of Haldol 5mg/IM, Benadryl 25mg/IM, Ativan 1 mg/IM medication for agitation. Staff #4 stated, "I didn't see any agitation that warranted the shot." When Staff #4 was asked if he saw any staff interventions to talk with Patient #33 prior to the administration of the injection Staff #4 stated "No."</p> <p>An interview was conducted with a Charge RN, Staff #34, on the morning of 10/19/18 at approximately 8:30 am in the hospital conference room. After Staff #34 reviewed her nursing notes dated 09/27/18 in the medical record of Patient #33. She was asked if she could explain why the 12 year old patient was medicated with Haldol 5mg, Benadryl 25mg, and Ativan 1 mg. Staff #34 stated, the patient was running around the unit and would not settle down. Staff #34 stated, "I tried to talk to the baby. We've told him to sit down. Before we administer this medication we will try to talk with them. We call our male figures to talk with them. Sometimes we take them to seclusion and we just give them a time out." When Staff #34 was asked if staff monitored patients while they are in a time out in seclusion, Staff #34 stated, "We have somebody there to watch them. We will call a float MHT to come help." After Staff #34 reviewed the "Patient Observation Rounds" dated 9/27/18 that was completed by the unit MHTs, she was asked if she saw any documentation that Patient #33 had</p>	B 125			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
B 125	Continued From page 6  been agitated, running, or yelling. Staff #34 stated "I don't see it." When Staff #34 was informed that the surveyors had watched a video of Patient #33's behavior on the unit prior to the administration of the medications and that the surveyors observed him sitting in a chair watching cartoons, Staff #34 stated, "The baby was running around and wouldn't listen to us is all I know."	B 125			
B 133	DISCHARGE PLANNING CFR(s): 482.61(e)  The record of each patient who has been discharged must have a discharge summary that includes a recapitulation of the patient's hospitalization.  This STANDARD is not met as evidenced by: Based on review of documentation and interviews, the facility failed to identify hospitalized patients who would likely suffer re-admissions for inadequate discharge planning. Patient #38 and #39 had multiple re-admissions for the same diagnosis. The discharge plans did not address anticipated problems after discharge.  Findings:	B 133			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
B 133	<p>Continued From page 7</p> <p>Review of medical records revealed patient #38 had six admissions from 2/15/18 through 6/9/18 and Patient #39 had five admissions 4/10/17-10/9/17.</p> <p>In an interview with staff #20, director of social services, on the afternoon of 10/17/18 at the facility, Staff #20 said, previously they did not have a functioning discharge procedure. Staff #20 said, staff changes were made and new forms have been created. Staff is being trained on the correct discharge procedure. Staff #20 gave the surveyor copies of the forms the facility is currently using. The surveyor asked staff #20 when did the forms become effective as there was no revision or effective date on the forms. Staff #20 said they are in the process of training the staff at this time.</p> <p>An interview was conducted on 10/17/18 at 4:40pm at the hospital with staff #30 (MHT) mental health tech concerning the discharge of patient #39. The surveyor asked staff #30 did she remember patient #39, staff #30 said yes, she was here several times; when it was time for her to be discharged, she would become angry. It got so bad that staff would not tell her when it was time for her discharge.</p> <p>An interview was conducted with staff # 4, the risk manager, at 10:05 am, on 10/17/18 at the facility. The surveyor asked staff # 4 about discharge planning, staff #4 said that is handle by social services. Staff #4 said, he did a summary of events for patient #38 after being notified by Parkland the patient was taken by Dallas Police</p>	B 133			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRKWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
B 133	Continued From page 8 to Parkland on the eve of discharge from DBH.	B 133			
B 139	<p>An interview was conducted with staff #2 CNO on the morning of 10/17/18. Staff #2 was asked if he was aware of the multiple readmissions for patient #38 and #39. Staff #2 said they are in the process of re-training for discharge planning.</p> <p><b>PERSONNEL</b> CFR(s): 482.62(a)(3)</p> <p>The hospital must employ or undertake to provide adequate numbers of qualified professional, technical, and consultative personnel to provide active treatment measures.</p> <p>This STANDARD is not met as evidenced by: Based on review of record, observation, and interview, the facility failed to provide adequate staffing to ensure children and adolescents could be taken outside or to the gym for physical activity in order to de-escalate behavioral problems when they arose.</p> <p>Findings:</p> <p>An observations of video surveillance on the children's unit was made in Staff #4's office. During the observation review, Patient #33 was observed to be rough-housing with a boy sitting next to him in the day room. All of the children were sitting in the dayroom and a television set was observed to be on. No staff were observed to break up the interaction between the two boys. No staff were observed to be playing games with</p>	B 139			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
B 139	<p>Continued From page 9</p> <p>or directing any activities with any of the children. One staff member was observed standing at a counter and another was sitting at a desk in the hallway. Other staff members were observed behind the counter of the nursing station. After the boys had calmed down and were no longer rough-housing, a staff member was observed escorting Patient #33 out of camera view. The patient's chart reflected he had received an injection at that time for emergency behaviors (behaviors that are deemed a danger to self or others). The video showed him sitting, calmly in his chair at the time he was escorted away to receive the shot.</p> <p>Staff #4 was questioned about the interactions observed. When asked why the boys had not been taken to the gym to burn off the excess energy they seemed to have been displaying in the video, Staff #4 responded that the hospital didn't have the staff to take kids to the gym whenever the children wanted to go. He stated, it would take two Mental Health Techs or staff members away from the unit to escort patients to the gym. When asked why the hospital wouldn't take them if it would benefit the children and keep them from being medicated, Staff #4 repeated that they didn't have the extra staff. He explained that other children would see the first child rewarded for acting out and then all of the children would act out so they could go to the gym.</p> <p>An interview was conducted with a Charge RN Staff #34 on 10/19/18, at approximately 8:30 am, in the hospital conference room. When Staff #34 was asked if the nursing units had enough staff to</p>	B 139			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
B 139	Continued From page 10 provide care to the patients. Staff #34 stated, "If we had enough staff, we can do more for the patients." Staff #34 stated that after 3:00 pm is when trouble starts because the boys have activities in the morning. When Staff #34 was asked how often are the boys on her unit permitted to go to the gym. Staff #34 stated, "We have to take turns in the gym. After dinner we can sometime take them to the gym, maybe every other day. When they go to the gym, it's my tech that have to take them to the gym. They have to go with 2 staff."	B 139			
B 150	NURSING SERVICES CFR(s): 482.62(d)(2)  There must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide the nursing care necessary under each patient's active treatment program.  This STANDARD is not met as evidenced by: Based on observation, review of records, and interview, the facility failed to ensure an adequate number of staff to provide care to patients to meet their needs.  Findings:  Observation of the patient units during the facility tour on the afternoon of 10/15/18 revealed the staff bathrooms were in the break rooms that were located off the unit in a hallway between units. The surveyor observed that the only way	B 150			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
B 150	<p>Continued From page 11</p> <p>for a Mental Health Technician (MHT) to contact the RN who is on break in the case of an emergency was to leave the locked patient unit and enter the locked break unit which leaves the patient unit without any available staff.</p> <p>An interview was conducted with the Chief Nursing Officer (CNO) Staff #2 on 10/17/18, at approximately 3:10pm, in the facility conference room. When Staff #2 was asked if the current hospital staffing grid was developed according to best practices standards that will ensure that the needs of patients are met, he stated "I can't say truthfully that they were. They were established and determined as the one used before I got here. We sometimes give Units 1 and 2 an alternate nurse. The Nurse Advisory Committee approved the staffing and the float nurse and float tech were what the committee requested. In one of our town hall meetings the staff stated that 1 Mental Health Technician (MHT) was not enough so we now try to give 2 MHTs when possible." Staff #2 was asked if he thought that 1 MHT to 15-16 patients on the 11-7 shift was a safe staff to patient ratio and if this ratio took into consideration patients acuity and number of patients on suicide precautions as well as other duties the MHT has to complete during that shift. Staff #2 stated, "The patients on those units usually sleep all night. If they need extra staff we use the float MHT to help out." Staff #2 was asked if the facility always had a float MHT and RN available to help out on units. Staff #2 stated that if an assigned staff calls in and they can't get a PRN staff to fill the shift then the hospital assigns the float nurse and/or MHT to staff the unit.</p>	B 150			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
B 150	<p>Continued From page 12</p> <p>An interview was conducted with a House Supervisor RN Staff #33 on 10/18/18, at approximately 11:45 am, in a facility meeting room. When Staff #33 was asked how are unit nurses relieved for lunch breaks, he stated "We have a float nurse to cover lunches." Staff #33 stated that he will sometime help sit on units."</p> <p>An interview was conducted with a Charge RN Staff #34 on 10/19/18, at approximately 8:40 am, in the hospital conference room. When Staff #34 was asked who relieved her for lunch breaks she stated, "We have a float nurse to relieve me. When we are short staffed we don't have someone to relieve me. I can't leave when we are short I don't clock out to eat my lunch." Staff #34 stated that when she goes to the bathroom, the float RN does not cover the unit for her because she is only off the unit for a short time."</p> <p>Review of the facility policy titled "Staffing Plan, Policy #200.64, Revised: 09-03-2016" read in part, "To establish the number and qualifications of staff required to provide direct patient care.</p> <p>Procedure: A core staffing level is determined for each unit consisting of registered nurses, mental health technicians, social workers, and therapists." The policy also states, "The established staffing grid is utilized for core staffing, with adjustments made for acuity/activity.</p> <p>Changes in staffing needs during the shift are evaluated by the Nurse in Charge and</p>	B 150			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
B 150	Continued From page 13 communicated to the CNO/House Supervisor. The CNO/House Supervisor then utilizes existing in house staff or the PRN pool to meet the identified staffing needs as appropriate."	B 150			
B 152	<b>SOCIAL SERVICES</b> CFR(s): 482.62(f)  There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished.  This STANDARD is not met as evidenced by: Based on review of records and interview, Staff #20 failed to ensure appropriately credentialed staff finalized the psychosocial assessment conducted upon patient admission.  Review of Patient #21's chart for the 9-3-2018 admission showed that the psychosocial assessment was conducted and signed by a Licensed Professional Counselor not by a Licensed Social worker.  Review of Patient #22's chart for the 11-15-17 admission showed that the psychosocial assessment was conducted and signed by a Licensed Marriage and Family Therapist, not by a Licensed Master Social Worker.  An interview was conducted with Staff #20. Staff #20 stated that a countersignature was not required unless the person conducting the assessment was a student intern.	B 152			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALLAS BEHAVIORAL HEALTHCARE HOSPITAL LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 KIRNWOOD DRIVE DE SOTO, TX 75115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
B 152	<p>Continued From page 14</p> <p>The Texas Administrative Code requirements were reviewed with Staff #20. Staff #20 stated, she had not been aware of the requirement.</p> <p>Review of Texas Administrative Code, Title 25 Health Services, Part 1 Department of State Health Services, Chapter 133 Hospital Licensing, 411.474(d)(2) Care &amp; Treatment: Social Services was as follows:</p> <p>"(d) Assessment.</p> <p>(2) If a licensed social worker, a licensed professional counselor, a licensed psychologist, a psychological associate, or a licensed marriage and family therapist conducts the social services assessment, the results of the assessment shall be signed by the licensed master social worker evidencing approval of such results."</p>	B 152			